PART B - FEE(S) TRANSMITTAL							
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31344 75 RATNERPREST P.O. BOX 1596 WILMINGTON, D 5/19/2006 RMEBRAH1 000	DE 19899			I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	rtificate of Mailing or Transhis Fee(s) Transmital is bein with sufficient postage for find I Stop ISSUE FEE address TO (571) 273-2885, on the control of the sufficient postage in the sufficient programme of the sufficient pro	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
)1 FC:2501 2 FC:1504 3 FC:8001	700.00 OP 300.00 OP 30.00 OP			Gayleb. (fayle W	(). () cuy (ay 10, 200	(Depositor's name) (Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/656,519 09/05/2003 Ray Johnson 3SI-139US 8040 TITLE OF INVENTION: FLEX MOTION WAKE-UP CIRCUIT FOR A SECURITY PACK							
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	05/30/2006	
EXAM	IINER	ART UNIT		CLASS-SUBCLASS	]		
NGUYEN	I, PHUNG	2632		340-539100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  3SI Security Systems, Inc.  Exton, Pennsylvania							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual XX Corporation or other private group entity							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 3  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 180350 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above)							
A a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature Date 5 15 /06							
Typed or printed name Rex A. Donnelly				Registration N	vo. 41,712		

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/656,519	
Filing Date	September 5, 2003	
First Named Inventor	Ray Johnson	
Art Unit	2632	-
Examiner Name	Phung Nguyen	
Attorney Docket No.	3SI-139US	

ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached	Drawing(s)  Licensing-related Papers	After Allowance Communication to TC						
Amendment/Reply After Final Affidavits/Declaration(s)	Petition  Petition to Convert to a Provisional Application	Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply						
Extension of Time Request	Power of Attorney, Revocation, Change of Correspondence Address	Brief)  Proprietary Information						
Express Abandonment Request	Terminal Disclaimer	Status Letter  Other Enclosure(s) (please						
Information Disclosure Statement	Request for Refund	identify below):  Part B - Issue Fee Transmittal						
Certified Copy of Priority Document(s)	CD, Number of CD(s)  Landscape Table on CD	Form 2038						
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks:	Return Postcard						
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT								
Firm Name Signature Printed Name Res A Donnelly								
Date May 15, 2006	Registration No.	41,712						
CERTIFICATE OF TRANSMISSION / MAILING								
I hereby certify that this correspondence is being facsimile trensmitted to the DEPTO or deposited with the United States Postal Service with sufficient postage as first class mail in any envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
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Typed or Printed Name Gayle D. Bay		Date May 15, 2006						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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Signature

Name (Print/Type)

Rex A. Donnelly

PTO/SB/17 (12-04v2) (AW 1/2005) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Utaler the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/04. the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/656,519 Application Number FEE TRANSMITTAL September 5, 2003 Filing Date For FY 2005 Ray Johnson First Named Inventor Phung Nguyen **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2632 **TOTAL AMOUNT OF PAYMENT** (\$) 1.030.00 Attorney Docket No. 3SI-139US METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 O 0 **EXCESS CLAIM FEES Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent daims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) / 50 = (round up to a whole number) OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Issue Fee plue 3 copies SUBMITTED BY Complete (if applicable)

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41.712

Telephone

302-778-2500

May 15, 2006

gistration No. Attorney/Agent)